

2019-20

City of Portland Benefits Highlights



Health & Financial Benefits
HEALTHY LIVING. HEALTHY FUTURE.



*BOEC, DCTU, Housing 189-H, Non-Represented
PFFA, PPCOA, PROTEC17 & Recreation*

Eligibility



When does coverage begin?

- **Non-represented, PROTEC17, BOEC, DCTU, Recreation, and Housing 189-H employees:** coverage begins 1st of the month following date of hire or re-hire.
- **PPCOA and PFFA employees:** coverage begins 1st of the month following 30-days of service.

Who can be enrolled?



- Spouse
- Domestic Partner
- Children under the age of 26
- Disabled Children over the age of 26
- Child of an eligible child

Supporting documentation will be needed to show dependent's relationship to the employee and can be uploaded directly to your benefits portal.

When does coverage end?



- **Non-represented, PROTEC17, BOEC, DCTU, Recreation, Housing 189-H employees:** coverage ends the end of the month of your last day worked.
- **PPCOA and PFFA employees:** coverage ends at the end of the month following the last month in which employee is paid 80 paid hours.

How do I enroll?



- You will be sent an email with instructions on how to access your Benefits portal 1-2 weeks after your start date. Employees without city email will be sent information to their home address.
- **Benefits Portal:** portlandoregon.gov/benefits

Notice: This Benefits Highlights Guide is designed to provide a quick reference tool and does not imply or constitute an employment agreement. Contracts and other legal documents govern the administration of each plan. In the case of a dispute regarding benefits, the contract or plan document will determine your actual benefits.

Medical Plans

CityCore & CityHD (high deductible) medical plans are both health plans administered by Moda Health and utilize the Connexus network. This means you can see any providers in Legacy, OHSU, Portland Adventist and Providence. These plans give you choice and flexibility.

Kaiser Medical is a Health Maintenance Organization (HMO) plan comprised of Kaiser facilities in Oregon and SW Washington and The Portland Clinic. This means you have a point person within Kaiser who helps guide you through your care and the healthcare system.

CityCore



Deductible
\$250/person
\$750/family



Out of Pocket
Maximum
\$1,800/person
\$5,400/family



20%
Coinsurance
after deductible



\$20
Regular
Office Visit Copay

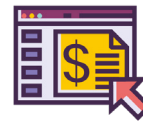
Kaiser NW



No
Deductible



Out of Pocket
Maximum
\$600/person
\$1,200/family



Copay System
Coinsurance in rare
cases



\$10
Regular
Office Visit Copay

CityHD

With the CityHD (High Deductible) plan you must meet the deductible prior to the plan paying anything for services including prescriptions. There is no associated employee premium with the CityHD plan.



Deductible
\$1,600/person
\$3,200/family



Out of Pocket
Maximum
\$4,000/person
\$8,000/family



20%
Coinsurance for
most service
after deductible

Prescription Rx Coverage

Your medical plan choice determines your prescription coverage: CityCore and CityHD participants have coverage through Express Scripts and Kaiser NW participants through Kaiser NW.

CityCore Rx



\$3 minimum
\$25 maximum copay*



\$10 minimum
\$50 maximum copay*



\$25 minimum
\$75 maximum copay*

Kaiser NW Rx



\$15 copay
per 30-day supply



Outpatient administered
medications



\$30 copay
for mail order &
90-day supply

CityHD Rx



10% of Cost
\$150 maximum after
deductible*



20% of Cost
\$150 maximum after
deductible*



30% of Cost
\$150 maximum after
deductible*

*30-day supply; CityCore & CityHD 90-day supply available via mail order or retail pharmacy through the Voluntary Smart 90 Program at twice the copay listed above.

Vision Coverage

Your medical plan choice determines your vision coverage: CityCore and CityHD participants have coverage through Vision Service Plan (VSP), utilizing the Signature Network, and Kaiser participants will have Kaiser NW vision. CityCore and CityHD participants have the option to elect the VSP Buy-Up.

VSP Basic



\$15 Copay

1 Exam every 24 Months
(adults)

Glasses or Contacts
\$150/\$130 allowance
Every 12 months

Kaiser NW Vision



\$10 Copay

No Visit Limit

Glasses or Contacts
\$150 allowance
Every 12 months

VSP Buy-Up



\$15 Copay

1 Exam every 12 Months
(adults)

Glasses or Contacts
\$170/\$130 allowance
Every 12 months

Dental Coverage

Your dental coverage is independent of your medical coverage - so if you want to change things up you can! You can choose between Delta Dental with a Buy-Up option or Kaiser NW Dental.

Delta Core		Kaiser NW	
Deductible \$25/person \$75/family			No Deductible
Annual Maximum \$2,000	Routine Services (i.e. fillings) You pay 20% after deductible	No Annual Maximum	Routine Services (i.e. fillings) \$0
Major Services (i.e. Crowns) You pay 50% after deductible	Orthodontia 50% \$3,000 lifetime benefit	Major Services (i.e. Crowns) You pay \$10 copay 20% coinsurance	Orthodontia 50% \$5,000 lifetime benefit

Delta Buy-Up	
Deductible \$25/person \$75/family	
Annual Maximum \$2,500	Routine Services (i.e. fillings) You pay 20% after deductible
Major Services (i.e. Crowns) You pay 80% after deductible	Orthodontia 50% \$3,000 lifetime benefit



Standard Hours & Premium Shares

Premium Shares	Non-represented	PROTEC17, DCTU, Recreation, Housing 189-H	PFFA, PPA & PPCOA	BOEC
50%	40-47	40-45	40-71	38-56
63%	48-55	46-55		
75%	56-63	56-63		57-71
88%	64-71	64-71		
95%	72 or more	72 or more	72 or more	72 or more

Full-Time Rates

Full-Time Rates	Employee Only	Employee + 1	Family
CityCore & VSP Vision*	\$17.30	\$32.81	\$46.66
Kaiser Medical, Vision*	\$17.67	\$33.54	\$47.74
CityHD & VSP Vision	\$0.00	\$0.00	\$0.00
Delta Core Dental	\$1.47	\$2.54	\$4.51
Delta Dental Buy-Up	\$9.77	\$17.74	\$21.73
Kaiser Dental	\$1.84	\$3.67	\$5.51
VSP Buy-Up (add this to your total cost)	\$3.28	\$5.96	\$7.94
Opt-Out Dollars	\$25.00	\$45.00	\$62.50

Preventive Care Initiative Reminder

Employees who want to enjoy the lowest possible premium share may participate in the Preventive Care Initiative (PCI). To meet the PCI, employees must have a preventive exam every two (2) calendar years. Employees who do not wish to participate have the option to keep the same plan and pay a higher premium share, or they can elect the CityHD medical plan, which has no premium share associated with it.

Part-Time Rates

	<i>Employee Only</i>			
	50%	63%	75%	88%
CityCore & VSP Vision*	\$174.51	\$129.13	\$87.25	\$41.88
Kaiser Medical, Vision*	\$178.22	\$131.88	\$89.11	\$42.77
CityHD & VSP Vision	\$137.28	\$101.58	\$68.64	\$32.94
Delta Core Dental	\$14.71	\$10.89	\$7.35	\$3.53
Delta Dental Buy-Up	\$23.01	\$19.19	\$15.65	\$11.83
Kaiser Dental	\$18.36	\$13.59	\$9.18	\$4.41
VSP Buy-Up (add this to your total cost)	\$3.28	\$3.28	\$3.28	\$3.28
Opt-Out Dollars	\$12.50	\$115.75	\$18.75	\$22.00

	<i>Employee + 1</i>			
	50%	63%	75%	88%
CityCore & VSP Vision*	\$329.59	\$243.89	\$164.80	\$79.10
Kaiser Medical, Vision*	\$336.95	\$249.34	\$168.47	\$80.87
CityHD & VSP Vision	\$257.00	\$190.18	\$128.50	\$61.68
Delta Core Dental	\$25.40	\$18.80	\$12.70	\$6.10
Delta Dental Buy-Up	\$40.60	\$34.00	\$27.90	\$21.30
Kaiser Dental	\$36.73	\$27.18	\$18.36	\$8.82
VSP Buy-Up (add this to your total cost)	\$5.96	\$5.96	\$5.96	\$5.96
Opt-Out Dollars	\$22.50	\$28.35	\$33.75	\$39.60

	<i>Employee + 1</i>			
	50%	63%	75%	88%
CityCore & VSP Vision*	\$329.59	\$243.89	\$164.80	\$79.10
Kaiser Medical, Vision*	\$336.95	\$249.34	\$168.47	\$80.87
CityHD & VSP Vision	\$257.00	\$190.18	\$128.50	\$61.68
Delta Core Dental	\$25.40	\$18.80	\$12.70	\$6.10
Delta Dental Buy-Up	\$40.60	\$34.00	\$27.90	\$21.30
Kaiser Dental	\$36.73	\$27.18	\$18.36	\$8.82
VSP Buy-Up (add this to your total cost)	\$5.96	\$5.96	\$5.96	\$5.96
Opt-Out Dollars	\$22.50	\$28.35	\$33.75	\$39.60

Flexible Spending Accounts (FSAs)

The HealthCare FSA is a great tool to help pay for out of pocket health expenses for you and your family, and also lower your taxable income. You can pay for copays, dental work, prescriptions and much more using this money. You can carryover any funds between \$50 and \$500 into the next plan year.

The Dependent Care FSA is a great tool for employees to pay for daycare expenses for their children, or another tax dependent. This money is use it or lose it, so make sure you only allocate the amount of money you will use.

Reduce Your Tax Liability



Use your funds to pay for out of pocket costs such as co-pays, prescriptions, and so much more.

Annual Goal



You pick an allotted amount (your annual goal). This amount is split out between 24 equal paychecks during the plan year.

Rules & Regs



\$2,700 or \$112.50 for HFSA and \$5,000 or \$208.33 for DFSA per paycheck is the maximum you can elect for medical expenses each plan year.

WageWorks Healthcare Card



Pay for services or purchases on the same day you receive them by using your healthcare card. Be sure to save your receipts.

Download the EZ Receipts Mobile App



File a claim and upload a picture of your receipt/invoice using your smartphone.

Employee Assistance Program (EAP)

Everyone needs some help at some point. The City of Portland EAP through Cascade Centers is here to do that for you and your dependents. Whether it is receiving 5 (8 for PFFA members) free counseling sessions or getting help finding childcare services, Cascade Centers will help you and your dependents.

Go to cascadecenters.com to access career building webinars, tutorials, financial counseling & more.



Be sure to check out LifeBalance - for discounts on movie tickets, vacation discounts, Blazer games and many more fun things for you and your family!

Visit lifebalanceprogram.com and enter the activation code CAS2948.

(800) 433-2320

www.cascadecenters.com



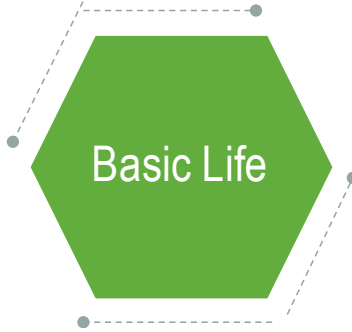
CASCADE CENTERS
INCORPORATED

Life Insurance

Basic Life

Provided to you by the City of Portland, 1 times your salary (up to \$50,000). PFFA employees have a flat \$50,000.

You pay nothing for the coverage, and enrollment happens automatically.

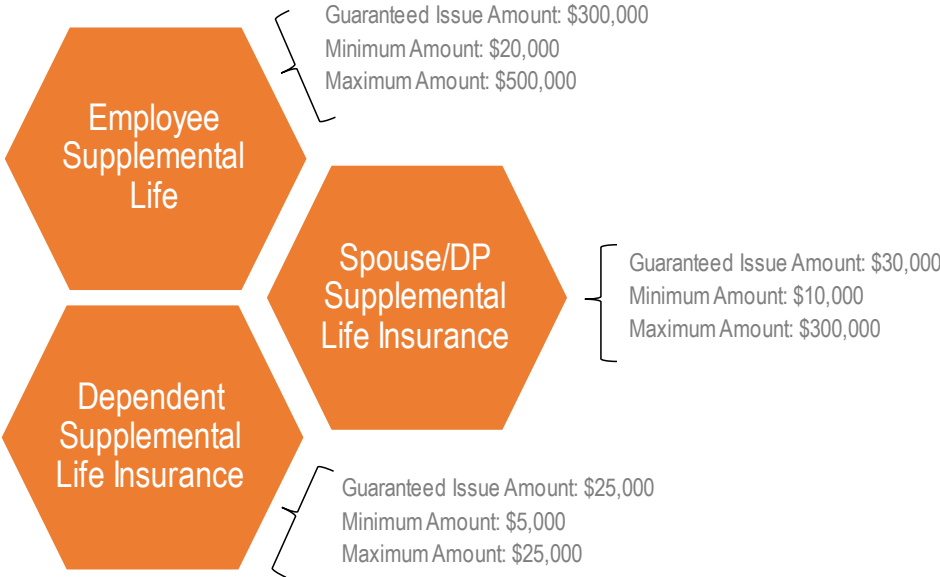


Supplemental Life

Provided to you by the City. Enrollment in this plan is optional. The rates are based upon your age.

Dependent Life

Enrollment in this plan is optional for eligible spouses/domestic partners and dependent children.



New Hires and employees who experience a status change have a guarantee issue period and do not have to submit an Evidence of Insurability (EOI) for amounts up to the guarantee issue amounts. Outside of this period, or above the guarantee issue amount, employees and dependents must submit an EOI for approval to **Standard Insurance**.

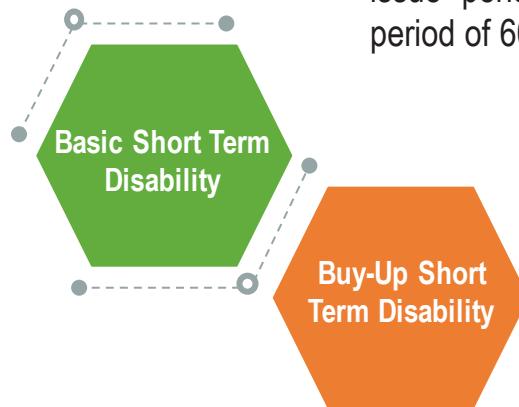
Disability

Basic Short-Term Disability (STD)

Basic Short Term Disability is paid for by the City. The Basic STD benefit provides eligible employees with 40% of pre-disability earnings. It begins after a 14 day waiting period, and can continue for 90 days.

Buy-Up Short-Term Disability (STD)

Buy-Up Short Term Disability is paid for by the employee. It provides the employee an additional 20% benefit. Employees can enroll anytime but if not elected during the guarantee issue period, there is an extended waiting period of 60 days if enrollee has a claim in the first 12 months.

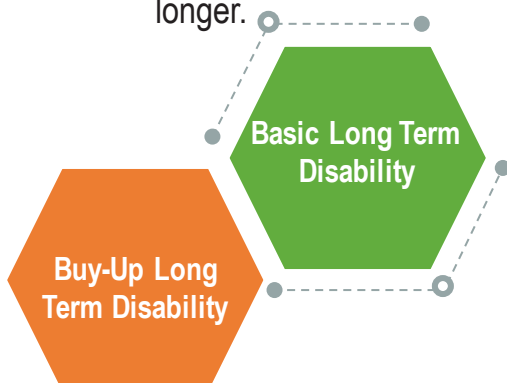


Basic Long-Term Disability (LTD)

Basic Long Term Disability Basic LTD is paid for by the City. It provides employees with continuing income when unable to work due to an illness or injury. It begins after 90 days or exhaustion of your sick leave, whichever is longer.

Buy-Up Long-Term Disability (LTD)

Buy-Up Long Term Disability is paid by the employee. It provides the employee an additional 20% benefit. Employees who do not enroll during their guarantee issue period must submit an Evidence of Insurability and be approved by **Standard Insurance**.



Retirement

As a City of Portland employee you may have access to the Oregon Public Employee Retirement system (PERS). Your employee tier depends on your start date, with every tier receiving an employer contribution into their Individual Account Program (IAP).

You are vested in the Pension Program on the earliest date in which you complete at least 600 hours of service in each of five calendar years. This means that you collect a pension upon reaching normal retirement age.

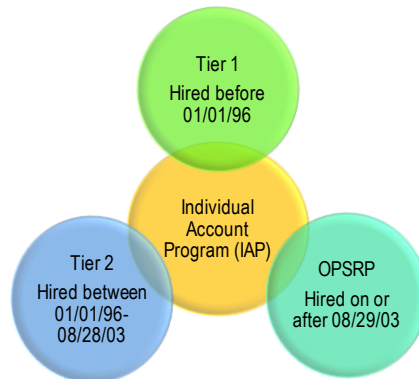
For more information please visit oregon.gov/pers.



The City
Contributes 6%*
of your salary
into your IAP
Account!



Establish IAP
membership
after 6-months
of service



Normal Retirement Age		
Tier 1 58 (or 30 years)	Tier 2 60 (or 30 years)	OSPRP 65 (or 58 with 30 years)

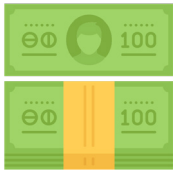
*PFFA members receive an additional 3% optional employer contribution reserved for police and fire employees

COBRA/Retiree Rates

Total Monthly Cost	Employee Only	Employee + 1	Family
CityCore, VSP Vision*	\$698.05	\$1,318.37	\$1,872.91
CityCore, VSP Buy-Up	\$704.60	\$1,330.28	\$1,888.78
Kaiser Medical, Vision*	\$712.88	\$1,347.80	\$1,915.87
CityHD, VSP Vision	\$549.14	\$1,028.01	\$1,455.98
CityHD, VSP Buy-Up	\$555.69	\$1,039.92	\$1,471.85
Delta Core Dental Plan	\$58.84	\$101.62	\$180.56
Delta Dental Buy-Up	\$75.44	\$132.02	\$215.00
Kaiser Dental	\$73.46	\$146.92	\$220.38
Kaiser Medicare Senior Advantage Plan	One-Party \$339.70 Two-Party \$634.84		
Kaiser NW Medicare Sr. Advantage Retiree & Kaiser NW Medical Spouse/Dependent	\$974.62		
Kaiser NW Medical Retiree & Kaiser NW Medicare Sr. Advantage Spouse/Dependent	\$1,008.02		
Employee Assistance Program (EAP)	\$4.20 per month \$5.25 per month (PFFA employees)		

Deferred Compensation

The City of Portland's Deferred Compensation Program is a voluntary savings plan to help supplement your retirement. You can contribute pre or post-tax. The closer you get to retirement, the more opportunities you have to save.



Start, Stop or Change contributions at any time through your Employee self service(ESS) portal



Submit changes by the 15th to be effective the next month



Contribute Pre-tax or post-tax



Meet with a Voya rep to make investments

2019 Annual Limit \$19,000

Age 50+ Annual Limit \$25,000

3 Year Catchup Annual Limit \$38,000

Create online access to your account. Meet with a local Voya Rep to review investment allocations or financial planning assistance

Online appointment system
503-937-0378



Contacts

CityCore or CityHD (Administered by Moda Health)

Moda Customer Service
503-243-3974
1-877-337-0649
www.modahealth.com

Express Scripts (ESI)

ESI Customer Service
1-855-889-7760
www.express-scripts.com

Delta Dental Plan

Delta Dental Customer Service
503-265-5680
1-877-277-7280

Vision Service Plan (VSP)

VSP Customer Service
1-800-877-7195
www.vsp.com

Kaiser Permanente

Kaiser Customer Service
503-813-2000
www.kp.org

Employee Assistance Plan (EAP)

Cascade Centers
1-800-433-2320
www.cascadecenters.com

Flexible Spending Accounts

WageWorks
877-924-3967 (877-WageWorks)
www.wageworks.com

Standard Insurance Medical Underwriting

1-800-843-7979
Group Number 488980

Voya Financial

Deferred Compensation
503-937-0378
deferredcomp@lewis-stefani.com

PERS/OPSRP

888-320-7377
www.oregon.gov/PERS

The Health & Financial Benefits Office

Phone: 503-823-6031

Email: benefits@portlandoregon.gov

***Join the Benefits Text Club to get that need to know
information by texting "City Benefits" to 31996***



Health & Financial Benefits
HEALTHY LIVING. HEALTHY FUTURE.